PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address; and included unless excreted below or directed otherwise in Block 1, by (4) specifying a new correspondence address; and/or indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 1050 7500 06/19/2007 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. BERESKIN AND PARR 40 KING STREET WEST BOX 401 TORONTO, ON M5H 3Y2 (Depositor's name CANADA (Signat (D) FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO APPLICATION NO. 10/517 325 08/05/2005 Iiwai Yano 2223-107 6660 FITLE OF INVENTION: METHOD AND APPARATUS FOR MEASURING THE THICKNESS OF COMPRESSED OBJECTS SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV, PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE APPLN, TYPE \$300 \$0 \$1700 09/18/2007 nonprovisional NO \$1400 EXAMINER ART UNIT CLASS-SUBCLASS ARTMAN, THOMAS R 2882 378_037000 . Change of correspondence address or indication of "Fee Address" (37:FR 1.363). 2. For printing on the patent front page, list Bereskin & Parr (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFK 3.11. Completion of this form is NOT a substitute for filing an assignment.

(B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

Toronto, Ontario

Sunnybrook And Women's College

Health Sciences Ctr.

lease check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🗹 Corporation or other private group entity 🚨 Government

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) The following fee(s) are submitted:

VIssue Fee A check is enclosed. Publication Fee (No small entity discount permitted)

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Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

OTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in terest as shown by the records of the United States Patent and Trademark Office.

September 18, 2007 Authorized Signature

Ian C. McMillan Registration No. 43,390 Typed or printed name

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